



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 6320.1C
Code 0501
5 May 1995

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 6320.1C

From: Commanding Officer

Subj: ANIMAL BITE/SCRATCH REPORTING AND RABIES PREVENTION AND CONTROL

Ref: (a) SECNAVINST 6401.1
(b) NAVMEDCOMINST 6220.4
(c) OPNAVINST 5420.27J

Encl: (1) Report of Animal Bite - Potential Rabies Exposure, DD Form 2341
(2) Rabies Post - Exposure Prophylaxis Guide
(3) Rabies Post - Exposure Immunization

1. Purpose. To publish functions and composition of the Rabies Prevention and Control (RPC) Program.

2. Cancellation. NAVHOSP29PALMSINST 6320.1B.

3. Background. Per references (a) and (b), the RPC program provides policy and reporting procedures for animal bite/scratches. The RPC Board is established in accordance with the guidance set forth in reference (c).

4. Policy

a. All animal bites and/or scratches, including injuries received from personal pets, shall be evaluated in the Emergency Medicine Department and Military Sickcall (active duty personnel only) for acute treatment and case management.

b. Management of bites and/or scratches inflicted by warm-blooded animals will be consistent with reference (b).

c. Due to the ever present danger of rabies, as well as the possibility of secondary infection, it is imperative that proper treatment and complete reporting procedures be initiated in the cases of warm-blooded animal bites. Proper initial treatment will substantially reduce clinical rabies and secondary infections. Complete information leading to the identification, quarantine, and examination of the biting animal may preclude unnecessary post-exposure prophylaxis and/or immunization.

d. Veterinary aspects of the RPC Program are provided by the MCAGCC Veterinary Services, per reference (a).

5. Action

a. Commanding Officer shall appoint in writing a Rabies Control Board.

b. Rabies Control Board shall:

(1) Be comprised as follows:

(a) Head, Internal Medicine Department (Chairperson).

(b) Representative, Pediatric Department (only if a child is scratched/bitten).

(c) Head, Emergency Medicine Department.

(d) Environmental Health Officer.

(2) Request the local Veterinary Services provide a member.

(3) Function in accordance with reference (b).

(4) Meet only in the event of a potential rabies exposure.

c. Head, Occupational Health and Preventive Medicine (OH/PM) Department shall:

(1) Coordinate all aspects of the Rabies Control and Prevention Program.

(2) Ensure the Provost Marshals Office (PMO), MCAGCC Game Warden and/or local civilian public health officials are notified of subject animal bites and/or scratches.

(3) Ensure enclosure (1) is completed and Disease Alert Reports are appropriately submitted following local military and civilian requirements.

d. Head, Pharmacy Department shall ensure adequate supplies of human diploid cell vaccine (HDCV) and human rabies immune globulin (RIG) are maintained as recommended by the Rabies Control Board.

e. Head, Emergency Medicine Department shall:

(1) Ensure blocks 1 through 18 of enclosure (1) are completed before the patient leaves. Submit the completed form with a copy of the ETR/SF 600 to the OH/PM Department as soon as possible.

(2) Ensure appropriate treatment and case management utilizing enclosures (2) and (3).

(3) Notify the OH/PM Department immediately of all animal bites and/or scratch cases treated during normal working hours. After working hours, on weekends and holidays, notify via pager #043.

(4) Notify PMO directly if bite or scratch occurred on base after normal working hours.

(5) Notify the City of Twentynine Palms' Animal Control if bite or scratch occurred off base after normal working hours.

f. Head, Military Sickcall shall:

(1) Ensure blocks 1 through 18 of enclosure (1) are completed before the patient leaves. Submit the completed form with a copy of the ETR/SF 600 to the OH/PM Department as soon as possible.

(2) Ensure appropriate treatment and case management utilizing enclosures (2) and (3).

(3) Notify the OH/PM Department immediately of all animal bites and/or scratch cases treated.

g. Attending Medical Officers shall:

(1) Provide appropriate treatment and case management.

(2) Appropriately complete enclosure (1).

(3) If at all possible, consult with the Medical Director and Head, OH/PM Department before ordering HDCV and/or RIG treatment regimes.

6. Disposition of Animals

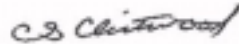
a. All animal bite and/or scratch incidents occurring aboard MCAGCC will be immediately reported to PMO, extension 6800, and the Game Warden, extension 5717. Incidents occurring off-base will be reported to the appropriate city, county and/or state public health agency. Disposition of the animal(s) will be decided by the local Medical and/or Veterinary authority.

b. Generally, live, domestic animals must be quarantined for a period of at least 10 days at the owners' home, at PMO/Veterinary Activity, or off-base in commercial kennel facilities at the owners' expense.

NAVHOSP29PALMSINST 6320.1C
5 May 1995

c. Dead animals may require examination. Remains should not be disposed of or destroyed until cleared through Medical and/or Veterinary authority.

7. New or Revised Forms. DD Form 2341, Report of Animal Bite - Potential Rabies Exposure, Nov84 are available from Central Files.

A handwritten signature in dark ink, appearing to read "C. S. Chitwood", is centered within a light pink rectangular box.

C. S. CHITWOOD

Distribution:
List A

REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE (Please read Privacy act Statement on back before completing this form.)					SEQUENCE NUMBER	
1. FROM (Medical Treatment Facility)		2. THRU (Deputy Commander for Veterinary Services)			3. TO (Chief, Preventive Medicine)	
PART I - ANIMAL BITE HISTORY (To be completed by Emergency Room Interviewer)						
4. DESCRIPTION OF ANIMAL					5. TIME OF ATTACK	
a. TYPE (Dog, cat, etc.)	b. BREED	c. SIZE	d. COLOR	e. SEX	a. DATE	b. HOUR
6. PRESENT LOCATION OF ANIMAL OR GEOGRAPHIC ADDRESS WHERE ATTACKED					<input type="checkbox"/>	ON POST <input type="checkbox"/> OFF POST
7. CIRCUMSTANCES LEADING TO BITE/SCRATCH INCEDENT						
8. APPARENT HEALTH OF ANIMAL (Unusual Behavior)						
9. OWNER						
a. NAME (Last, First, Middle Initial)		b. STATUS (Zone)		c. PHONE NUMBER (Include Area Code)		d. ADDRESS (STREET, CITY, STATE, ZIP Code)
		MILITARY				
		CILIVIAN				
10. RABIES VACCINATION						
a. VACCINATION STATUS OF ANIMAL		b. YEAR ANIMAL VACCINATED		c. TYPE VACCINE (If Known)		
11. PREPARED BY						
a. NAME (Last, First, Middle Initial)				b. TITLE		
c. SIGNATURE				d. DEPARTMENT/SERVICE/CLINIC		e. DATE PREPARED
PART II - MANAGEMENT OF ANIMAL BITE CASE (To be completed by Medical Officer (Information from SF600))						
12. DESCRIPTION OF INJURY AND LOCATION ON THE BODY						
13. DIAGNOSIS (Injury) (X, as applicable)				14. RABIES RISK ESTIMATE (X one)		
<input type="checkbox"/>	ANIMAL BITE	<input type="checkbox"/>	CLAW WOUND	<input type="checkbox"/>	OTHER	
15. INITIAL TREATMENT GIVEN		a. TIME	b. DATE	16. RECOMMENDED FURTHER PROPHYLACTIC TREATMENT		
				a. NONE		
<input type="checkbox"/>		c. DEEP FLUSHING AND CLEANSING WITH SOAP AND WATER		b. *HUMAN RABIES IMMUNE GLOBULIN		
<input type="checkbox"/>		d. TETANUS TOXOID (List dose given)		c. HUMAN DIPLOID CELL RABIES VACCINE		
<input type="checkbox"/>		e. OTHER (Specify)		d. COUNSELED ON DF2 HAZARD		
				e. OTHER (Specify)		
				*Need to consult Rabies Board prior to treatment		
17. PATIENT'S IDENTIFICATION (ID impression, if available.) (For typed or written entries give name (Last, First, Middle Initial); pay grade; SSN; unit; phone; date; hospital or medical facility.)				18. PHYSICIAN		
				a. NAME (Last, First, Middle Initial)		
				b. SIGNATURE		
				19.a DISCUSSED WITH AREA VETERINARIAN (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		
				b. NAME OF VETERINARIAN (Last, First, Middle Initial)		
20. VERBAL REPORT TO		(1) NAME		(2) PHONE NO.		
a. VETERNARIAN						
b. POLICE						
c. OTHER						

<p style="text-align: center;">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: Title 10, United States Code, Section 3013, 5013, and 8013.</p> <p>PRINCIPAL PURPOSE(S): Used by medical authorities to record the history, examination, and treatment of a person who has possibly been exposed to rabies; and to record the follow-up medical care provided to the individual who was either bitten or scratched. Used by veterinarians to locate the animal, record examination, observations, and disposition results, and possible laboratory findings for the animal.</p> <p>ROUTINE USE(S): Information will be used as a basis for documenting the proper treatment and care of individuals who have potentially been exposed to rabies. The information will be used to locate the animal, and record the vaccination and physical status of the involved animal. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state, and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigation and litigation; and to evaluate the care provided.</p> <p>DISCLOSURE: Voluntary; however, if the information is not provided, it will delay the compilation of the data required for record keeping purposes.</p>					
PART III - MANAGEMENT OF BITING ANIMAL (To be completed by Veterinarian)					
21. AUTHORITIES NOTIFIED					
a. NAME (Last, First, Middle Initial)	b. DATE	c. TIME	d. INITIALS	e. FOLLOW-UP	
				(1) DATE	(2) TIME
22. INITIAL ACTION		23. EMERGENCY ROOM NOTIFIED			
		a. TIME	b. DATE	c. INITIALS	
24. LOCATION OF ANIMAL DURING OBSERVATION PERIOD (On or off post, list point of contact if not veterinary activity)					
25. OBSERVED BY (Include name of military or civilian agency)					
26. DATES OBSERVED		27. DATE ANIMAL RELEASED			
a. FROM	b. TO				
28. CONDITION OF ANIMAL DURING AND AT THE END OF 10-DAY QUARANTINE					
29. OTHER DISPOSITION OF ANIMAL (Explain fully-died, escaped, not located, etc.)					
30. LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS					
a. Test (X one)	b. DATE RECEIVED	c. RESULTS (X one)			
(1) FLUORESCENT ANTIBODY			NEGATIVE		POSITIVE
(2) CELL CULTURE			NEGATIVE		POSITIVE
31. INFORMATION REPORTED TO RABIES BOARD BY					
a. NAME (Last, First, Middle Initial)	b. SIGNATURE			c. DATE SIGNED	
32. VETERINARY OFFICER					
a. NAME (Last, First, Middle Initial)	b. SIGNATURE			c. DATE SIGNED	
PART IV - RABIES ADVISORY TEAM ACTION/ BOARD REVIEW					
33. DISCUSSED BY (List names of members of team or board, or X box at right.) <input type="checkbox"/> NOT REQUIRED TO MEET					
34. RECOMMENDATIONS					
a. HUMAN RABIES IMMUNE SERUM (X one)		LOCAL		SYSTEMIC	BOTH
b. VACCINE					
c. OTHER					
35. CHIEF, PREVENTIVE MEDICINE					
a. NAME (Last, First, Middle Initial)	b. SIGNATURE			c. DATE SIGNED	
36. FINAL DISPOSITION OF CASE (Review by rabies board)					
37. PRESIDENT OR SENIOR MEDICAL OFFICER OF BOARD					
a. SIGNATURE				b. DATE SIGNED	

DD Form 2341, JUN 92 (Back)

RABIES POST-EXPOSURE PROPHYLAXIS GUIDE

ANIMAL SPECIES	CONDITION OF ANIMAL AT TIME OF ATTACK	TREATMENT OF EXPOSED PERSON
Dog and Cat	Healthy and available for 10 days observation	None, unless animal develops rabies
	Rabid or suspected to be rapid	RIG and HDCV
	Unknown (escaped)	Consult OH/PM Department and/ or convene Rabies Advisory Board
Skunk, bat, fox, coyote, raccoon, bobcat, and other carnivores	Regard as rabid unless proved negative by laboratory tests	RIG and HDCV
Livestock, rodents and lagomorphs	Consult OH/PM Department and/or convene Rabies Advisory Board. Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other rodents, rabbits and hares almost never call for anti-rabies prophylaxis.	

NAVHOSP29PALMSINST 6320.1C
5 May 1995

RABIES POST-EXPOSURE IMMUNIZATION

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ALL post-exposure treatment should begin with immediate, thorough
cleansing of all wounds with soap and water.

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Persons not previously immunized: RIG, 20 IU/kg body
weight, one-half
infiltrated at the
bite site (if possible),
remainder IM; 5 doses of
HDCV, 1.0 ml IM (deltoid
area), one each on days
0, 3, 7, 14 and 28.

Persons previously immunized: Two doses of HDCV, 1.0 ml
IM (deltoid area), one
each on days 0 and 3.
RIG should not
be administered.

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